Employee Self Declaration form: [COIVD – 19]

|  |  |  |
| --- | --- | --- |
| Name:  | Department/worksite:  | Location of isolation:  |
| Job title:  | Nationality:  |  |
| Address:  |
| Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(W)  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(H)  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(M)  |
| Symptoms [observed in all last 14 days]: {Please Tick}

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Fever |  | Dry Cough |  | Body Aches |  | Headaches |
|  | Sore throat  |  | Runny Nose |  | Tiredness |  | Shortness of Breath |
|  | Others |  | Details:  |

 |
| Date & time of fever onset: |  |
| Date & time of isolation:  |  |
| Travel history over the last 14 days |  |
| Place visited:  |  |
| Mode of Transport: [Bus / Train / flight / Car/ others] |  |

I hereby confirm & certify above information provided are per best of my knowledge.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of Recoding Person:

|  |  |  |
| --- | --- | --- |
| Name:  | Job title: |  |
| Address:  |
| Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(W)  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(H)  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(M)  |

Recorder Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Note: Information captured is used for contact tracing if required